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PTO/SB/01 (08-03)
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PAT 2130-2

First Named Inventor

Patrice PLANTE, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEMORY EGRESS SELF SELECTION ARCHITECTURE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

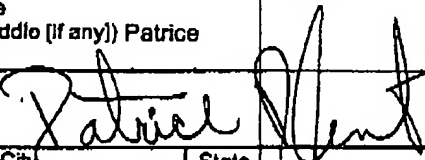
[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

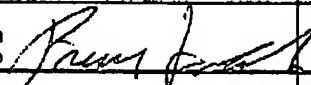
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 26123		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Patrice				Family Name or Surname PLANTE	
Inventor's Signature 				Date March 29, 2004	
Residence: City Montreal		State Quebec		Country CANADA	
City		State		ZIP	
Montreal		Quebec		H2J 3J6	
Country		State		ZIP	
CANADA		Quebec		H2J 3J6	
City		State		ZIP	
Montreal		Quebec		H2J 3J6	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Carl Dietz				Family Name or Surname McCROSKEY	
Inventor's Signature				Date	
Residence: City Saskatoon		State Saskatchewan		Country CANADA	
City		State		ZIP	
Saskatoon		Saskatchewan		S7N 0B1	
Country		State		ZIP	
CANADA		Saskatchewan		S7N 0B1	
City		State		ZIP	
Saskatoon		Saskatchewan		S7N 0B1	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

(Page 2 of 2)

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Winston Ki-Cheong		MOK	
Inventor's Signature		Date	
Residence: City	Vancouver	State	British Columbia
		Country	CANADA
		Citizenship	CANADIAN
Mailing Address			
5773 Highbury Street			
Mailing Address			
City	Vancouver	State	British Columbia
		Zip	V6N 1Y9
		Country	CANADA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Pierre		TALBOT	
Inventor's Signature		Date	
		March 29, 2004	
Residence: City	Pierrefonds	State	Quebec
		Country	CANADA
		Citizenship	CANADIAN
Mailing Address			
13489 rue Huntington			
Mailing Address			
City	Pierrefonds	State	Quebec
		Zip	H8Z 1G3
		Country	CANADA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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		Country	
		Citizenship	
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Mailing Address			
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	PAT 2130-2
		First Named Inventor	Patrice PLANTE, et al.
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEMORY EGRESS SELF SELECTION ARCHITECTURE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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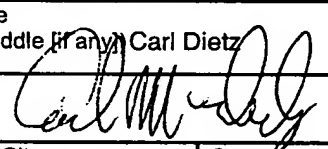
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 26123 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	
Country		ZIP	
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Patrice		Family Name or Surname PLANTE	
Inventor's Signature			Date
Residence: City Montreal	State Quebec	Country CANADA	Citizenship CANADIAN
Mailing Address 4520-J rue De La Roche			
City Montreal	State Quebec	ZIP H2J 3J6	Country CANADA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Carl Dietz		Family Name or Surname McCROSKY	
Inventor's Signature 			Date 29 March 2004
Residence: City Saskatoon	State Saskatchewan	Country CANADA	Citizenship CANADIAN
Mailing Address 516 9th Street East			
City Saskatoon	State Saskatchewan	ZIP S7N 0B1	Country CANADA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>1</u> of <u>1</u>	

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Inventor's Signature		Date	
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Mailing Address			
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PATENT APPLICATION
(37 CFR 1.63)**



Declaration
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required)

Attorney Docket Number

PAT 2130-2

First Named Inventor

Patrice PLANTE, et al.

COMPLETE IF KNOWN

Application Number

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Art Unit

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Name			
Address			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
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Inventor's Signature		Date	
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[Page 2 of 2]

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="text-align: right;">Page <u>1</u> of <u>1</u></div>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Winston Ki-Cheong		MOK	
Inventor's Signature		Date <u>March 29/04</u>	
Residence: City	Vancouver	State	British Columbia
		Country	CANADA
		Citizenship	CANADIAN
5773 Highbury Street			
Mailing Address			
Mailing Address			
City	Vancouver	State	British Columbia
		Zip	V6N 1Y9
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Pierre		TALBOT	
Inventor's Signature		Date	
Residence: City	Pierrefonds	State	Quebec
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Patrice PLANTE et al.
Title	MEMORY EGRESS SELF SELECTION ARCHITECTURE
Art Unit	
Examiner Name	
Attorney Docket Number	PAT 2130-2

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28123

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

28123

OR

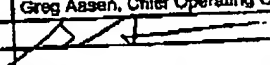
<input type="checkbox"/> Firm or Individual Name			
Address			
Address	State	Zip	
City			
Country	Fax		
Telephone			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Greg Aasen, Chief Operating Officer		
Signature			
Date	Telephone	(804) 415-8050	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: PMC-SIERRA, INC.

Application No./Patent No.: _____ Filed/Issue Date: _____

MEMORY EGRESS SELF SELECTION ARCHITECTURE

Entitled: _____

PMC-SIERRA, INC.a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

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3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date

(604) 415-6050

Telephone number

Greg Assen

Typed or printed name

Signature

Chief Operating Officer

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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